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The relation between X chromosome parental origin and aortic stiffness in patients with Turner's syndrome: role of hypertension and antihypertensive drugs.

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We thank Drs. Varol and Peker for their interest in our article (1). They raise a valid point regarding the effect of antihypertensive medications on aortic stiffness. We did allude to this in our results stating that all of the subjects with hypertension (with no difference in prevalence between the two groups) were on one or two antihypertensive medications. Hence given the variety of medications and combinations and the small number of patients in the study, there was not enough statistical power for a stratified comparison based on the medication taken. Even in larger studies (2–4) that looked at aortic stiffness in patients with known hypertension and on antihypertensive medications, this stratified analysis was hardly addressed. In our population, the patients with hypertension were on a variety of medications including losartan (n = 1; Xm), toprol (n = 2; Xm), lisinopril (n = 2; Xm, n = 1; Xp), diltiazem (n = 1; Xm), atenolol (n = 1; Xm), diovan (n = 1; Xm), benazepril (n = 1; Xp), hydrochlorothiazide (n = 1; Xm, n = 2; Xp) and chlorothiazide (n = 1; Xp). The three subjects on beta blockers were not on other medications. Removing these three patients from the analysis did not affect the results substantially with the difference in aortic stiffness between XM and XP groups remaining statistically significant. However, we do agree that this is an important consideration and larger studies are needed to differentiate hypertension and antihypertensive medication effects.

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